

<b>Case Number:</b>	CM13-0023713		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	07/26/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant injured his cervical spine on 07/26/07. He has a diagnosis of a herniated disc. He saw [REDACTED] on 01/30/14. He reported his cervical spine MRI was denied and he was awaiting the results of an independent medical review. He need a refill of his pain medications and was using Percocet one to two times a day five times a month and one to two Norco a day three times a week. He had an MRI in August 2007, which showed C6-C7 disc extrusion with left neuroforaminal stenosis and cranial extension. He had tenderness of the upper back and the mid and lower cervical paraspinal muscles with palpable spasm in the thoracic region. Neurologic exam showed motor at 5/5, sensory intact, and mildly diminished left tricep reflex. He was diagnosed with cervical radiculopathy and received refills of his medications. An MRI was ordered on 08/29/13 for the cervical spine. He saw [REDACTED] that day and reported no change in his pain and had left upper trapezius muscle, scapular, and cervical spine pain at level C6-C7/10 and it was due to sleeping on an uncomfortable hotels pillow. He had persistent numbness and tingling in the left hand. He was taking Exalgo and Vicodin that he alternated with oxycodone. He needed a refill. His last MRI was preop in August 2007. He had decreased range of motion of the cervical spine with negative Spurling's. He had positive facet maneuvers bilaterally and tenderness of the cervical and upper trapezius region. Motor was 5/5, sensory was intact and he had a mildly diminished left triceps reflex. There was a request for an MRI with and without contrast due to increased left cervical spine stenosis and scarring. On 03/05/13, he saw [REDACTED] and reported having a QME in November 2012. He needed refills of his medications. His pain was 5-6/10 intensity in the cervical spine and left upper extremity. He was taking Norco alternating with Percocet. Physical examination was the same as in August 2013. He received medication refills.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **CERVICAL MRI WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

**Decision rationale:** The history and documentation do not objectively support the request for a repeat MRI without contrast in the absence of clear evidence of new or progressive neurologic deficits and/or failure of a reasonable course of conservative treatment. The MTUS do not address repeat or postop imaging studies and the ODG state "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation)." The initial MRI was abnormal and the claimant has had surgery. He reported increased pain after sleeping on a hotel pillow but no new symptoms or new or progressive focal neurologic deficits have been documented in the file. The indications for a repeat study have not been clearly stated and none can be ascertained from the records. The claimant appears to be reasonably stable. There is no evidence that the claimant has been involved in an ongoing exercise program for maintenance. There is no evidence that urgent or emergent surgery is being anticipated. The medical necessity of this study has not been demonstrated.

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